

UCSB CATASTROPHIC LEAVE SHARING PROGRAM

LEAVE REQUEST FORM
Confidential

Employee Name _____
Last First MI

Employee ID # _____ Job Title _____

Department _____ Work Phone # _____

Home Phone # _____ Last Day Worked _____

REQUEST

According to provisions of the Catastrophic Leave Sharing Program, I, _____, hereby request donated vacation leave. My signature below certifies that:

1. A leave of absence in relation to a catastrophic illness or injury has been approved by my department;
2. I have exhausted all of my sick leave, vacation, and compensatory time accruals; and
3. I am not receiving disability benefits or Workers Compensation payments.
4. I have not received written warnings for excessive absenteeism during the 2yrs. preceding this request.

Employee Signature Date

Supervisor Signature Date

CAMPUS NOTIFICATION

I **do** authorize the use of my name in requesting donations of vacation leave from fellow UCSB employees. ***You must sign this area to authorize the release of your name.***

Employee Signature Date

I **do not** authorize the use of my name in requesting donations of vacation leave from fellow UCSB employees. ***Sign this area if you do not want your name released.***

Employee Signature Date

Submit original signed and completed form to Human Resources, Room 3101 SAASB. Questions regarding this program should be directed Karen Moreno, ext. 8271.